

**NONPROVISIONAL PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Attorney Docket No.: 116889

Date: August 27, 2003

**MAIL STOP PATENT APPLICATION**

**Customer Number: 25944**

**NONPROVISIONAL APPLICATION TRANSMITTAL  
 RULE §1.53(b)**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): SCALPEL BLADE HOLDER AND SCALPEL

By (Inventors): Frank ZIEMER

- ☒ Formal drawings (Figs. 1-7; 3 sheets) are attached.
- ☒ Use Figure 4 for front page of Publication.
- ☐ A Declaration and Power of Attorney is filed herewith.
- ☐ This application claims benefit of Provisional Application No. \_\_\_\_\_ filed \_\_\_\_\_.
- (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
- ☒ This patent application is assigned to SIS AG Surgical Instrument Systems.
- ☐ The executed Assignment is filed herewith.
- ☐ An Information Disclosure Statement is filed herewith.
- ☒ Entitlement to small entity status is hereby asserted.
- ☒ A Preliminary Amendment is filed herewith.
- ☒ Priority of foreign application No. 02405757.2 filed August 30, 2002 in Europe is claimed (35 U.S.C. §119).
- ☒ A certified copy of the above corresponding foreign application(s) is filed herewith.
- ☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
- ☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF  
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

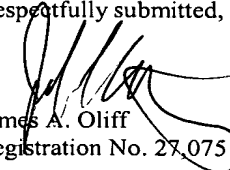
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	12 - 20	= *0
INDEP CLAIMS	1 - 3	= *0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

\* If the difference is less than zero, enter "0".

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$ 375	OR		\$ 750
x 9 =	\$	OR	x 18	\$
x 42 =	\$	OR	x 84	\$
+ 140 =	\$	OR	+ 280	\$
TOTAL	\$ 375	OR	TOTAL	\$

- ☒ Check No. 145610 in the amount of \$375 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
 James A. Oliff  
 Registration No. 27,075

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 10/648274  
 08/27/03